SPECIAL MEETING OF COUNCIL
Tuesday, October 20, 2020 @ 5:30 PM
George Fraser Room, Ucluelet Community Centre,
500 Matterson Drive, Ucluelet

LATE AGENDA

Joseph Rotenberg

From: Joseph Rotenberg
Sent: October 19, 2020 9:30 AM
To: Joseph Rotenberg
Subject: RE: Open letter to Dr. Bonnie Henry from Denman Island Doctor

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From: Angie Roussin [redacted]
Sent: October 17, 2020 9:50 AM
To: Mayco Noël <mnoel@ucluelet.ca>
Cc: Community Input Mailbox <communityinput@ucluelet.ca>; Info Ucluelet <info@ucluelet.ca>; [redacted]
Subject: Open letter to Dr. Bonnie Henry from Denman Island Doctor

Hi Mayco,

Below is a link to an open letter to Dr. Bonnie Henry from Stephen Malthouse, MD regarding the pandemic.
I understand there is a council meeting on Tuesday and I'm wondering if this can be brought up? Specifically to make a point that there is no pandemic.

https://vaccinechoicecanada.com/in-the-news/open-letter-to-dr-bonnie-henry-from-dr-stephen-malthouse/

Beyond this letter I have concerns that we are headed towards more severe lockdowns based only on propaganda and removal of individuals by force from their families to be sent to "internment camps". I also have concerns about "forced compliance" of liability free vaccines that will surely cause enormous harm.

I have mounds of evidence and am thinking of having an open house at my place to help share this info with people… not sure if that will do anything, I am kind of at a loss right now. Please help advise me of what I can do here.

Thanks for your time.

Much appreciation and respect,

Angie Roussin

Other info:

Concerns about BC's Covid law:

https://bccla.org/2020/08/4-reasons-we-are-concerned-about-bcs-covid-19-law/

Rocco Galati on vaccines etc:

https://www.youtube.com/watch?v=QGMKvgtGCqs&feature=youtu.be

....

Angie Roussin | Piña

Cell: [redacted]
Piña: 250 726-7469
pinastyles.com

Open Letter to Dr. Bonnie Henry from Dr. Stephen Malthouse

OCTOBER 15, 2020 BY VACCINE CHOICE CANADA

OPEN LETTER

Stephen Malthouse, MD
Denman Island, BC V0R 1T0

October 2020

Dr. Bonnie Henry,
British Columbia Provincial Health Officer,
Ministry of Health,
1515 Blanshard Street,
Victoria, BC V8W 3C9

Dear Dr. Henry,

I am a physician who has been in family medical practice in BC for more than 40 years and a member of the College of Physicians and Surgeons of BC since 1978.

I am writing this letter with the hope that you will be able to clarify the basis of your decision-making that has led our provincial government, health ministry, regional health officers, hospitals, medical staff, WorkSafe BC, businesses, and everyday citizens to follow pandemic policies that do not appear based on high-quality scientific research and, in fact, appear to be doing everyone a great deal of harm.[1]

The early intent of mitigation measures to "flatten the curve", when we knew very little about SARS-CoV-2, its mode of transmission, and the severity of COVID-19, was reasonable. I believe that most physicians in Canada, myself included, whether active or retired, prepared themselves to take part on the front lines for the expected COVID-19 tsunami. Very soon it was apparent that the expected overwhelming of the hospital system was not going to occur, and now BC physicians have questions about the appropriateness of your public health policies.

The epidemiological evidence clearly shows that the "pandemic" is over and no second wave will follow. The evidence has been available for at least 4-5 months and is irrefutable.[2-4] Yet, in spite of this substantial body of research, your office is perpetuating the narrative that a pandemic still exists and a second wave is expected. This false story is being used to justify public health policies that appear to have no health benefits, have already caused considerable harm, and threaten to create more harm in the future.

As you are aware, Sweden took an entirely different approach and, as of mid-September, their infection rate reached an all-time low and Covid-19 related deaths were at zero; 22 of 31 European countries, most of which enacted strict lockdowns, had higher infection rates. Sweden has also largely escaped the financial ruin and catastrophic mental health problems experienced in other countries, including Canada and the U.S.A.

Dr. Lawrence Rosenberg, Montréal's medical officer, has stated "this COVID virus is much like the seasonal flu". A group of over 400 Belgian doctors have stated "COVID is not a killer virus, but a treatable condition". Eighteen Canadian doctors wrote the Ontario Premier, Doug Ford, stating "your policies risk significantly harming our children with lifelong consequences". The Ontario policies are very similar to those of British Columbia.

In 2011, a review of the literature by the British Columbia Centres for Disease Control that sought to evaluate the effectiveness of social distancing measures such as school closures, travel restrictions, and limitations on mass gatherings as a means to address an influenza pandemic concluded that "such drastic restrictions are not economically feasible and are *predicted* to delay viral spread, but not impact overall mortality". [Italics added]

Specifically, there appears to be no scientific or medical evidence for[5-6]

1. Self-isolation of asymptomatic people
2. social distancing
3. facemasks
4. arbitrary closure of businesses
5. closure of schools, daycares, park amenities, and playgrounds
6. the discontinuance of access to education, medical, dental, chiropractic, naturopathic, hearing, dietary, therapeutic, and other support for the physically and mentally disabled, particularly special needs children with neurological disorders
7. the closing down of or restrictions on religious places of worship.

According to the CDC Pandemic Severity Index, none of these measures have been warranted. The Great Barrington Declaration, signed by more than 30,000 health scientists and medical doctors from around the world, adds support for this statement.

Surprisingly, the recommendation for reducing COVID-19 morbidity and mortality by supplementing with vitamin D, a measure that is supported by high-quality research, has been absent from your frequent public broadcasts and professional bulletins.[7] Optimizing nutrition is a convenient, inexpensive, and safe method of improving immune resistance and has been confirmed through numerous studies for both prevention and treatment of COVID-19. As far as I am aware, you have never mentioned something as simple as vitamin D supplements for our most vulnerable citizens. Yet, it was the promise to protect these same citizens that was used to justify the lockdown of a healthy population and the closure of businesses.

Why are you still using PCR testing? The Deputy Chief Medical Officer for Health in Ontario has publicly stated that the PCR test yields over 50% false positives. A New York Times investigative report found that PCR testing yields up to 90% false positives due to excessive amplification beyond the recommendations of the manufacturer. The PCR test was never designed, intended or validated to be used as a *diagnostic* tool. Even the Alberta Health Services COVID-19 Scientific Advisory Group has stated "clinical sensitivity and specificity values have not been determined for lab developed RT-PCR testing in Canada".[8] Despite expert consensus, you continue to use this inappropriate and inaccurate test to report so-called "cases" and justify your decisions.[9-18]

The public health definition of a “case” is very broad. As all experienced doctors know, a “case” is a patient with significant symptoms who is often hospitalized. A “case” is not a person who simply has a questionably positive PCR test and presents with no symptoms or an unrelated diagnosis. Pictures of healthy young adults standing in line to get PCR tests, with a cell phone in one hand and a Starbucks coffee in the other, are everywhere in the media. These are not sick people and do not need testing.

Nevertheless, your public announcements repeatedly emphasize that the “case” counts are rising and we are in big trouble. Recently, “out-of-control” case counts were used to justify a second lockdown in Ontario and Quebec. Curfews have been put into place. People are being asked to risk their livelihoods to make sacrifices for the general good, based on Public Health’s misrepresentation of “cases” as sick people.

Meanwhile, hospitalizations, ICU admissions, and deaths from COVID-19 have dropped to pre-pandemic levels. Where are all the patients?

Why not simply tell the public that

- the PCR testing is not reliable and is meaningless for diagnosing COVID-19
- positive PCR test results do not represent sick patients,
- rarely are people now becoming ill from SARS-CoV-2,
- provincial hospitals are essentially empty of COVID-19 patients,
- decisions should not be based on “cases” in the news,
- the morbidity/mortality of COVID-19 has not exceeded seasonal influenza,
- the median age of death from COVID-19 in Canada was 85 years,
- the pandemic is over, and
- no second wave is coming?

It is your duty as the provincial health officer to provide facts, not propaganda, and make every effort to stop the public panic. The only reason for emphasizing “cases” is to induce more fear and thereby compliance in the name of promised safety.

Why are children being pursued with a new rinse-and-spit saliva test that is also based on a worthless PCR test? Children have been terrorized and are being given the message that they can *never* be trusted not to infect their family and friends — essentially, that they are naturally bad. The insistence on covering their faces with masks, a proven useless and even harmful measure, only worsens this sense of shame. The psychological fallout from such messaging is going to be horrific. One only needs to walk down Main Street to already see the catastrophic effects of these messages on the mental and emotional health of families.

The excess death toll from partial lockdowns, social distancing and other public health measures is staggering. The Canadian media reports that provincial measures have been shown to create 12:1 more deaths than the

virus; there has been a 40% increase in heart attack deaths in Canada from fear, anxiety and cancelled hospital procedures; suicide and drug overdose deaths have increased and outnumber COVID-19 deaths by a ratio of 3:1; suicides have doubled in BC since April; and anxiety and depression, food insecurity, domestic violence, and child abuse have skyrocketed. With unnecessary school closures, the ability of teachers to identify children subject to abuse and malnourishment has been curtailed. Many of our friends, family and patients died alone, terrified, and isolated against their will in facilities and nursing homes. That cruel policy was unjustified and inhuman.

How is it possible that a doctor with your previous training and experience did not anticipate the collateral damage of your public health policies – the economic disruption, the psychological and physical health consequences, and the deaths from despair?

The mainstream media has created a religion out of public health, one based on superstition, not science, with the power to rule over an obedient public. The news channels have raised you to almost saint-like status. Tea towels, shoes and murals have been designed to celebrate your accomplishments. Yet, your public directives do not make sense, contradict the research, and are causing people a great deal of harm. As a fellow doctor, I appeal to you to re-examine your policies and change direction before Public Health causes irreparable damage to our province's health and economic well-being. That about-face will require you to meet the obligations of your office.

Sincerely,

Stephen Malthouse, MD
Member, College of Physicians and Surgeons of British Columbia,
Denman Island, British Columbia

1. http://ocla.ca/wp-content/uploads/2014/01/OCLA-Report-2020-1-Criticism-of-Government-Response-to-COVID19.pdf
2. https://docs4opendebate.be/en/#petitie
3. https://www.flixxy.com/is-the-pandemic-over.htm
4. https://hubpages.com/politics/Pfizer-Chief-Science-Officer-Second-Wave-Based-on-Fake-Data-of-False-Positives-for-New-Cases-Pandemic-is-Over
5. The Doctor Is In: Scott Atlas and the Efficacy of Lockdowns, Social Distancing, and Closures https://www.youtube.com/watch?v=biC4nHPYtbA
6. https://www.sott.net/article/434796-The-Science-is-Conclusive-Masks-and-Respirators-do-NOT-Prevent-Transmission-of-Viruses
7. https://www.cimadoctors.ca/cima-covid-19-policy/

Add " Open letter to Dr. Bonnie Henry from Denman Island Doctor" as C or...

8. Alberta Health Services COVID-19 Scientific Advisory Group. How do the testing characteristics for the Alberta Health Services lab-developed test for COVID-19 differ between samples collected from nasal, nasopharyngeal, and throat swabs? 15 April 2020 [Internet]. https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-comparison-of-testing-sites-rapid-review.pdf (accessed 16 May 2020).
9. https://bpa-pathology.com/covid19-pcr-tests-are-scientifically-meaningless/
10. https://www.msn.com/en-us/news/us/antibody-tests-for-covid-19-wrong-half-the-time-cdc-says/ar-BB14DD2E
11. https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html
12. http://republicbroadcasting.org/news/bombshell-who-coronavirus-pcr-test-primer-sequence-is-found-in-all-human-dna/
13. https://childrenshealthdefense.org/news/covid-19-testing-pcr-a-critical-appraisal/
14. https://bpa-pathology.com/covid19-pcr-tests-are-scientifically-meaningless/
15. *Zhang GH et al.* **Potential false-positive rate among the 'asymptomatic infected individuals' in close contacts of COVID-19 patients.**J.CN, 2020 Mar 5;41(4):485-488.
16. https://bpa-pathology.com/covid19-pcr-tests-are-scientifically-meaningless/
17. Insert from sample COVID testing kit: **RealStar® SARS-CoV-2 RT-PCR Kit 1.0 For research use only!** The RealStar® SARS-CoV-2 RT-PCR Kit 1.0 is a reagent system, based on realtime PCR technology, for the qualitative detection and differentiation of lineage B-betacoronavirus (B-βCoV) and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) specific RNA. *For research use only (RUO)! Not for use in diagnostic procedures.*[Italics added]
18. Insert from sample COVID testing kit: **LightMix® Modular SARS-CoV Assays.** Roche continues to monitor the virus, SARS-CoV-2, that causes coronavirus disease 2019 (COVID-19) and is pleased to announce the availability of the **LightMix Modular Assays** used to detect this virus. These assays are for Research Use Only (RUO*) on the LightCycler® 480 and/or cobas z 480 instruments, and Roche is the exclusive distributor for these assays. The MagNA Pure 96 instrument or High Pure Viral Nucleic acid kit can be used for extraction. The three LightMix Modular assays are used to detect the SARS and CoV genes outlined in the table below in human tracheal aspirates or bronchoalveolar lavage samples from individual human donors. *These assays are not intended for use as an aid in the diagnosis of coronavirus infection*. [Italics added]
19. **https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm**

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4 Reasons We Are Concerned About BC's COVID-19 Law

Posted on August 11, 2020 by Meghan McDermott David Macauley

The BC government has been given broad new emergency powers with the passage of Bill 19, the *COVID-19 Related Measures Act* (https://www.leg.bc.ca/parliamentary-business/legislation-debates-proceedings/41st-parliament/5th-session/bills/third-reading/gov19-3). Under the *Act*, the government can temporarily change any legislation during an emergency, without any oversight from the public and without approval from the legislature. Although emergencies like the COVID-19 pandemic require quick decisions by the government, this *Act* lacks the safeguards required when the government is given such broad powers.

Generally, in our y tem of government, the legi lature create law, and the government en ure that it i carried out The law making proce   include three reading of a propo ed law, and debate among t all member of the legi lative a embly Thi proce   i integral to maintaining the rule of law It en ure that the public i aware of propo ed rule before they become binding and can organize to upport or oppo e the law, or even a k for change to it It al o allow elected official to a k important que tion to the governing party about the motivation and policie underlying the new rule

Sometimes the legislature gives the government[1] (#_ftn1) permission to create regulations about certain issues. For example, under the *Residential Tenancy Act* (https://www.bclaws.ca/civix/document/id/complete/statreg/02078_01#section43), a landlord can only raise a tenant's rent by a certain amount. The legislature gives the government the power to determine what that amount should be through regulations. It is usually easier for the government to change regulations than for the legislature to change legislation.[2] (#_ftn2) This system ensures that the government can update certain areas of the law over time, and go into more depth than what the legislature could do on its own.

The *COVID 19 Related Measures Act* goe a tep further It change the *Emergency Program Act* (http //www bclaw ca/civi /document/id/complete/ tatreg/00 96111 01) by creating a new et of power   During a tate of emergency, Cabinet can now create regulation that amend *any* piece of legi lation, thereby filling the law making role of the legi lature The e new power are worrying for everal rea on

1. The *Act* creates broad new powers for Cabinet.

According to the Attorney General, the *COVID-19 Related Measures Act* simply transfers powers from the Solicitor General (a particular minister in Cabinet) to Cabinet as a whole. But it's unlikely that those powers existed in the first place.

When the Solicitor General previously made orders amending legislation, the ombudsperson investigated and found them unlawful (https://bcombudsperson.ca/investigative_report/extraordinary-times-extraordinary-measures/). The *Emergency Program Act* did not give the Solicitor General the power to override legislation. The government disputes this, but it has not pointed to any legal authority to confirm its opinion.

Although the Attorney General has tried to comfort critics by stating that the *Act* merely transfers powers, **it appears that it actually creates new ones.**

2. The *Act* limits public accountability.

In the pa t, when the Solicitor General made order amending legi lation, there wa no legal requirement to make tho e order public Fortunately, the new change mean that future amendment will be done through regulation , which mu t be publi hed

With that said, regulations can come into effect immediately. As a result, **the government can avoid public scrutiny until after legislation has been amended.** The public won't be made aware of changes through the traditional law-making process, and won't have the ability to change the law before it comes into effect.

3. The *Act* leaves the government unaccountable to the legislature.

Through the *Act,* the legislature will only be able to access the regulation after it has already come into effect. The lack of review goes against ombudsperson recommendations that the government report any amendments to the legislature, and they should expire after a fixed number of sitting days.

In addition, there i limited accountability afterward The regulation aren't ubject to automatic e piration or review They can la t the length of the tate of emergency, which will per i t a long a Cabinet renew it every 14 day

As Paul Daly (https://www.administrativelawmatters.com/blog/2020/05/18/governmental-responses-to-covid-19-and-the-limits-of-law/) has argued, accountability during an emergency is more likely through political, rather than legal, avenues. For that reason, the government shouldn't be able to bypass the legislature entirely. Expansive powers should be accompanied by some form of automatic expiry or review by the legislature.

4. The *Act* permanently expands emergency powers.

While some of the other changes in the Act are specific to the COVID-19 pandemic, section 9 permanently changes the *Emergency Program Act*. Future governments may use the new powers in response to new emergencies.

The Attorney General has said that the government is in the process of reviewing and overhauling the *Emergency Program Act* (https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/emergency-management-bc/legislation-and-regulations/changes-to-epa). However, we don't know when that process will be finished. The promise of future changes provides little comfort from the hasty changes made by the *COVID-19 Related Measures Act.*

Cabinet can unilaterally declare a state of emergency, and under this new *Act*, it can amend any piece of legislation during the course of that emergency. The *COVID-19 Related Measures Act* gives Cabinet extensive powers with meagre safeguards. The government sometimes needs additional powers to respond to emergencies. But that shouldn't override the need for good governance and accountability to both the public and the legislature.

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[1] (#_ftnref1) Government in this context refers to the executive council, a.k.a. Cabinet. Statutes passed in the legislature delegate law-making to the Lieutenant Governor in Council (all of Cabinet) or to a specific Cabinet Minister.

[2] (#_ftnref2) Thi i becau e the proce i very different; for the mo t part, regulation can be developed in ecret by government, aren't ubject to a vote in the legi lature, and only need to be publi hed after they are approved

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